PATENT APPLICATION FEE DETERMINATION RECORD

Effective December 29, 1999

Application or Docket Number

0941575

CLAIMS AS FILED - PART I (Column 1) (Column 2)									SMALL ENTITY TYPE		OR	OTHER THAN OR SMALL ENTITY	
FOR			NUMBER FILED		NUMBER EXTRA			RATE	FEE	1	RATE	FEE	
BASIC FEE										345.00	OR		690.00
TC	TAL CLAIMS		4 minus 20=			•			X\$ 9=		OR	X\$18=	
INC	EPENDENT C	LAIMS		minus	3 =	*			 X39=		1	X78=	
MULTIPLE DEPENDENT CLAIM PRESENT							-			OR	X/6=		
* If the difference in column 1 is less than zero, enter "0" in column 2									·130=		OR	+260=	
								Т	OTAL		OR	TOTAL	1890
CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)										ENTITY	OR	OTHER SMALL I	
4		CL	AIMS			HIGHEST		ř		ADDI-	1		ADDI-
AMENDMENT A	A	A REMA AFT		ER		NUMBER REVIOUSLY PAID FOR	PRESENT EXTRA	RATE		TIONAL FEE		RATE	TIONAL
	Total	. /	26	Minus	**	20	= 6	>	(\$ 9=		OR	X\$18=	108
AME	Independent	NTATIC	S OF MI	Minus	***		= 2_	>	⟨39=		OR	X78=	/6 8
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM									130=		OR	+260=	
								L	TOTAL			TOTAL	R. n
		(Calı	umn 1)		/0	raliuman O\	(Cal.,	ADE	IT. FEE		OR ,	ADDIT. FEE	PriD
~	1.0	CL	AIMS			olumn 2) HIGHEST	(Column 3)	_	T	ADDI			
AMENDMENT B	10/20/00	AF	AINING TER IDMENT		PF	NUMBER REVIOUSLY PAID FOR	PRESENT EXTRA	F	ATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL
	Total	· 1	No	Minus	**	26	=	X	\$ 9=		OR	X\$18=	FEE
ME	Independent	*	13	Minus	***	5	= //	H	39=		ŀ	x*4	MIST
<	FIRST PRESE	NTATIC	N OF MU	JLTIPLE DEF	END	ENT CLAIM		\vdash	.39=		OR	×/ % =	200
								+	130=		OR	+260=	
								ADD	TOTAL IT. FEE		OR ,	TOTAL ADDIT. FEE	288
	,		ımn 1)			olumn 2)	(Column 3)						
AMENDMENT C		REMA	AIMS AINING		١	HIGHEST NUMBER	PRESENT			ADDI-	[ADDI-
			TER DMEN!T			EVIOUSLY AID FOR	EXTRA	R	ATE	TIONAL FEE		RATE	TIONAL FEE
	Total	*		Minus	**		=	X	\$ 9=		OR	X\$18=	
AME	Independent	*		Minus	***		= :	X	39=		ŀ	X78=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM										OR	7/0-	
• 14	* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.										OR	+260=	
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."													
i	he "Highest Num	ber Prev	iously Paid	For" (Total or	orA Indep	o⊏ is less than endent) is the	i 3, enter "3." highest number		_	opriate box			